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Dissertation on the Hepatic State of Fever

Of all the viscera contained in the cavity of the abdomen, none perhaps, is so subject to disease as the liver. It is not my intention in the present short essay, to take notice of all the diseases affecting this important organ but shall only treat of that designated by Nosologists, "Hepatitis," or inflammation of the liver, and by Professor Rush, "hepatic State of Fever." Hepatitis is an endemic disease of warm climates, and most frequently occurs in the United States, in the Summer and Autumn, when intermitting, remitting, and intestinal Fevers prevail. It is, doubtless, frequently a form or modification of a disease, proceeding from the same causes, and prevailing under like circumstances with the above diseases. This is probable from the season of the year,

and the kind of weather in which it appears, the manner of its invasion, the face of the country, and the method of treatment. It is in fact nothing more than a misplaced bilious Fever — Rheumatic inflammation, therefore consider, as a Symptom of original disease in the sanguiferous System —

The disease in question, alike to rheumatic, phrenitic, and other states of Fever, exists under two forms, the acute and chronic — both of which may be produced by the same remote and exciting causes — The acute, generally, shewing, precedes the chronic — The Symptoms described by Authors as designating this disease, are numerous, the most prominent — in general accord with Dr. Cullen's definition. Vid. Synop: — They are, however, much diversified, often commencing with chills, succeeded by increased heat of the body, pulse quick

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frequent, and tense, dryness of the mouth and fauces, acute pain in the right hypochondrium, and often in the epigastric region, which is increased by a deep inspiration, & pain about the clavicle and right shoulder. The pain is sometimes much augmented by the patient's lying on the left side. This, however, is not an uniform symptom. Besides the symptoms above enumerated, the patient is sometimes troubled with a cough and hiccup, and respiration becomes laborious. These symptoms may, doubtless originate from the liver pressing against the diaphragm, or by forming adhesions (the effect of inflammation) with that muscle. Dr. Mathews observes that this disease is sometimes ushered in with symptoms of the greatest malignity, as the peculiar staring and wildness of the eyes, with inflammation, occasional

delirium, a depressed pulse, and blood when drawn coincing all the marks of the highest degree of inflammatory diathesis. This disease often bears the greatest analogy in its attacks to Pleurisy, from which it may be easily distinguished, by attending to the observations of Dr. Pemberton on this Subject. He observes that a gradual inspiration does not produce cough, although it increases the pain, that the pain is increased by gentle pressure upon the margin of the ribs, which would not be the case if the inflammation were within the chest, and that the cough (if it be present) is found to have succeeded the pain several days, and not to have preceded, or to have been coeval with it, as in Pleurisy. There is however, but little necessity for attending to diagnostics, as the Physician

should generally be governed by the state of the system. Premature repletion or congestion from the intestines will often be relieved and they both require the same prompt and decisive treatment.

The duration of this disease is subject to be determined by the presence or absence of the secondary symptoms which have been enumerated. Some time to elapse, a suppuration of the liver will soon take place. The symptoms indicating suppuration to have taken place are the general weakness or the patient being much exhausted in the morning at the same time the liver will remain equally painful, yet on examination of the skin with increased frequency of the body attended with repeated chills & fits. In the second stage the symptoms which have already been described as indicating the cause still exist but they differ in degree.

it is removed by a dose of weight and swell pain in the right side, the tongue is of a whitish appearance; the pulse is increased in frequency, and is sometimes intermitting; the appetite is much impaired and the [illegible] [illegible]tion)

The remote causes of Hepatitis (Liver, as I have observed in a former part of this Essay) are the same with those producing Intermittent, Remittent, Dysentery and other forms of Bilious Fever. The following appear to be the most common — exposure to heat, great Irregularity, & intemperance in eating and drinking, particularly the habitual use of spirituous liquors, & the sudden changes in the state of the atmosphere —

Dr. Clarke observes that the Europeans who undergo much fatigue, particularly among the Military, [illegible] [illegible]

and feelings of the liver from the most common diseases. Mr. Pearson & Colquhoun ascribed the frequent recurrence of this disease to this cause. To these may be added, intemperance and dissipations.

The proximate cause of this state of fever is the same with that of all other, and consists in morbid or irregular action in the sanguiferous system, particularly in the arteries, with a determination to the liver. It is difficult to form a prognosis in this disease as the cure is very fallacious and uncertain. Pain is no disease, & be here to apt to return after being apparently cured. The causes which produced the original affection or predisposition continuing to be applied, render the convalescent liable to a relapse upon every morbid derangement of the system. The liver seems

the secondary part, then and has produced thus its way to and expends its force upon it. The following circumstances have been supposed to indicate a favourable issue to an unexpectedly sudden and copious diarrhœa, & copious discharge of fluid urine when the inflammatory stage has commenced. The prognosis can seldom be favourable — Nature, says it, the abscess opens through the diaphragm into the lungs and is discharged by the bronchia, the patient may sometimes though rarely recover. If it opens into the cavity of the abdomen or thorax death must be the consequence. A more favourable issue might be expected when the abscess points outwards, or opens into the duodenum or colon —

For the use of this disease in its acute and incipient form all the remedies for inflammation, must be exhibited with promptitude and resolution; as the success or permanency

of the cure will depend on the quickness with which morbid vascular action is removed, and the consequent determination of blood to the liver is taken off. For this purpose the best and most efficacious remedy is 1st Blood letting. This mode of abstracting excitement has a pre-eminence of all others in being much less circumscribed in its operation. The lancet should be used freely and repeatedly according to the violence of the symptoms, and its effect on the pulse is subservient to the intention of prompt bleeding. Salivation, when it exists, the emotional symptoms, may also prove useful auxiliaries.

3dly. Blisters have coincided strongly with the views of Bloodletting. They should be applied to the region of the liver and frequently repeated if the pain continues violent.

During the exhibition of these remedies, the patient should be confined to a low diet, and be made to refrain from all spirituous and

fermented liquors. In these remedies have been largely administered and so not effect a cure recourse should be had to slightly Mercurial — This is the substance so as to induce a salivation. Pinel advises a ptyalism to be kept up for fifteen or twenty days, and remarks, that the Mercury sometimes produced a looseness which also cured the disease. In the cure of the chronic stage Mercury has been frequently relied on but as this stage is generally attended with loss of the use of the limbs and gouty swelling should because its exhibition and a bleeding indicated by the state of the system are only advisable. This form of the disease is generally attended with so much debility as to make large evacuations of any kind hurtful. Blisters should be applied on the region of the loins and the blister kept open with strong mercurial ointment. The common

practice is to exhibit Mercury in very small
quantities. The diet must be light, nourishing,
the digestion of the stomach is already
much debilitated, and a laxative under
the question and depends of exhibition. Tonic
medicines should be given in doses of four or five
grains, four or five times a day in a little
acidulated water. The dose may be gradually
increased. Vinegar, properly prepared, is
grateful to the patient, promotes appetite
and digestion, and keeps up the alimentary
discharges. Bile and a little magnesia
may occasionally alternate the dose. Bark
and digestants and other tonic medicines may
be given to advance debility. If there
should prove uneasiness, flatulence, the
water climate should be advised. Great
attention is necessary and exercise should be
avoided.

of from a neglect of the treatment required, or from an injudicious treatment of the remedies. A suppuration of the liver is known to have ensued, but the occurrence of the symptoms which have been described as indicating its existence, the life of the patient becomes much endangered by a spontaneous opening of the abscess into the stomach, or the intestines of the physician I have a decided opinion, by the use of the lancet, or by the knife, or by some suitable means be attended with success. Were we to recognise at the time the first and most prominent view of opening of the abscess has been made, without allowing free incision with the lancet.

Here, Gentlemen, I conclude this short and imperfect Essay — If it be in the least worthy of Merit it will be for your Superior judgements to decide —

Permit me, illustrious Sir, to express my grateful acknowledgements, for the instruction derived from your invaluable Lectures, and that you may long enjoy a continuance of your health, adequate to the important offices you fill, is the sincere wish of your Friend and Pupil